

BRAZORIA COUNTY
DISPOSAL OF COUNTY PROPERTY

Date: 9/29/2025

Department: Facilities Management Dept #: 25000 Fund: 10000

TYPE OF ASSET:

Track Asset (\$2,000-\$4,999) General Property
 Capital Asset (\$5,000+)

TYPE OF TRANSACTION:

Disposal via Auction	<u>XX</u>	Disposal via Trash <u> </u>
Disposal via Sale (non-Auction)	<u> </u>	Non-Profit <u> </u>
Entity Name	<u> </u>	Disposal via Scrap <u> </u>
Dollar Amount	<u> </u>	Scrap Yard <u> </u>
Disposal via Trade-In	<u> </u>	
Vendor	<u> </u>	
Dollar Amount	<u> </u>	

GRANT: (complete if Grant purchased item. Attach all Grant paperwork)

Grant Name
 Grant approval to dispose Yes No

State/Federal Funds: Yes No

Comments: _____

Completed By: Cindy Harang Date: 9/29/2025

Department Head: Willie L. Long Signature Date: 9-29-25

Item Description (year, make, model, color)	Serial or VIN #	Equip #	PeopleSoft Asset ID #	Condition/Defects
2009 Ford F250 White	1FTNF205X9EA 28464	54		Used
2009 Ford F250 White	1FTNF20519EA 28465	55		Used
2009 Chevrolet Express Van White	1GCGG25C79 1145274	54		Used

Vehicle Inspection Form

#54

Inventory ID:	Asset Number:	Fair Market Value:
Short Description: Year <u>2009</u> Make <u>Ford</u> Model <u>F250</u> VIN: <u>1FTNF205X9EA28464</u> Title: <input type="checkbox"/> Clean Title <input type="checkbox"/> Salvage Title <input type="checkbox"/> No Title <input type="checkbox"/> Court Documents Only <input type="checkbox"/> SF97 Form <input type="checkbox"/> Other Odometer: <u>146,067</u> <input type="checkbox"/> Miles <input type="checkbox"/> Kilometers <input type="checkbox"/> Hours Odometer Accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Drivable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>L, V</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Tires, battery & terminals</u> This vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles/Kilometers Date Removed from Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Good</u> Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>Fair</u> Tread: <u>Fair</u> #Flat _____ Hubcaps # <u>4</u> Major Damage to: _____ Additional Damage: <u>Some rust</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes Interior: Color <u>Grey</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Worn</u> Damage to Dash/Floor: <u>Worn</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: <u>Ford F-250</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD AC Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats		
Additional Equipment: Manufacturer <u>Ford</u> Model <u>F-250</u> Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input checked="" type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input checked="" type="checkbox"/> Hitch: Type _____		
Location of Asset: <u>Maintenance</u>		

Vehicle Inspection Form

#55

Inventory ID:	Asset Number:	Fair Market Value:
Short Description: Year <u>2004</u> Make <u>Ford</u> Model <u>F250</u> VIN: <u>1FTNF20519EA28465</u> Title: <input checked="" type="checkbox"/> Clean Title <input type="checkbox"/> Salvage Title <input type="checkbox"/> No Title <input type="checkbox"/> Court Documents Only <input type="checkbox"/> SF97 Form <input type="checkbox"/> Other Odometer: <u>132738</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers <input type="checkbox"/> Hours Odometer Accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Drivable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>L, V 8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Needs battering, tires</u> This vehicle was maintained every <u>5,000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles/Kilometers Date Removed from Service: <u>3/6/25</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Fair</u> Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>Needs Tires</u> Tread: <u>#Flat</u> Hubcaps #4 <input checked="" type="checkbox"/> Major Damage to: Additional Damage: <u>Some rust</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes Interior: Color <u>Gray</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Holes</u> Damage to Dash/Floor: <u>Worn</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: <u>F-250 Ford</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD AC Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown <input type="checkbox"/> No AC Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats Additional Equipment: <u>Lift gate (RANSOM/Koenig bed)</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input checked="" type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand <u>✓</u> <input checked="" type="checkbox"/> Hitch: Type _____ Location of Asset: <u>Maintenance</u>		

Vehicle Inspection Form

#54

Inventory ID:	Asset Number:	Fair Market Value:
Short Description: Year <u>2009</u> Make <u>Chevrolet</u> Model <u>Express Van</u>		
VIN: <u>1GCGG25C791145274</u> Title: <input type="checkbox"/> Clean Title <input type="checkbox"/> Salvage Title <input type="checkbox"/> No Title <input type="checkbox"/> Court Documents Only <input type="checkbox"/> SF97 Form <input type="checkbox"/> Other		
Odometer: _____ Miles <input type="checkbox"/> Kilometers <input type="checkbox"/> Hours Odometer Accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Drivable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>L, V</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition		
Repairs needed: _____ This vehicle was maintained every _____ Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles/Kilometers Date Removed from Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection		
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition		
Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____		
Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked <u>Frosted Windshield</u> Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Fair</u> Tread: <u>1/2</u> #Flat _____ Hubcaps # <u>4</u>		
Major Damage to: <u>Paint</u> Additional Damage: <u>Right Side middle door handle</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes		
Interior: Color <u>Grey</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Fair</u> Damage to Dash/Floor: <u>Fair</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD AC Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown <input type="checkbox"/> No AC Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats		
Additional Equipment: <u>Roof Rack</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input checked="" type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____		
Location of Asset: _____		

FOR YOUR AUCTION PURCHASE!

BRAZORIA COUNTY PURCHASING DEPARTMENT



CONNECT WITH US
www.brazoriacountytx.gov